Integrity - Service - Excellen ce

Air Force Medical Service WMD Emergency Response Program



U.S. AIR FORCE

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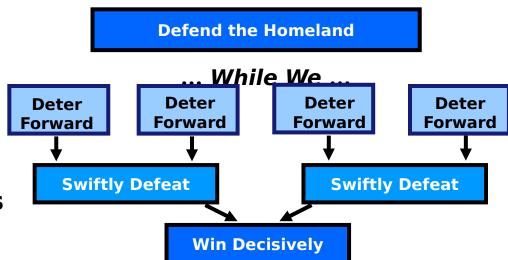


Introduction

- Overview of Air Force Medical Capabilities
- Employment Options
- Surveillance Equipment and Optimization
- Partnership Opportunities
- Discussion/Questions

"Defending our nation against its enemies is the first and fundamental commitment of the Federal Government."

- 2004 National Security Strategy







Capability Overview

- Concept: Initial response (1st 24 hrs); 300 casualties
 - Includes contaminated casualties
 - Until follow-on resources arrive
- \$53M worth of equipment, training, exercises, guidance support
 - Patient Decontamination
 - Threat agent surveillance
 - CBRNE Medical treatment including pharmaceuticals
- NIMS/DoD policy driving toward national standards
 - NFPA 94 certified PPE
 - Proficiency testing standards

AFMS WMD ER capability is an installation protection/response asset that may be leveraged by the local community and state provided the proper MOUs/MOAs are in place.



WMD Assets at AF Installations





Patient Decontamination

Description

- 2 Lane Expandable Tent
- Supplies: heater, bladder, litter roller, wet/dry vac, and medical accessories
- PPE: Level C with PAPRs
- ■Training: 2 Day course w/Tabletop exercise
- Operatismuelsin 10-20 minutes
- Fire department deconinconsistent
- How clean is clean?
- First Receivers training, PPE certification



<u>Update</u>

- FY05 training refresh
- Revised guidance, incorporating OSHA guidelines
- Decon pavillion pilot project: Offutt AFB, NE



Patient Treatment

Description

- Medical supplies to treat 300 CBRNE casualties
- Supplements existing disaster teams with mobile supplies, PPE, and security



<u>Issues</u>

- Requirements for PPE
- Posturing equipment for response
- Training and Exercises

<u>Update</u>

- FY05 Bag packing and training
- Revised/clarify implementation guidance



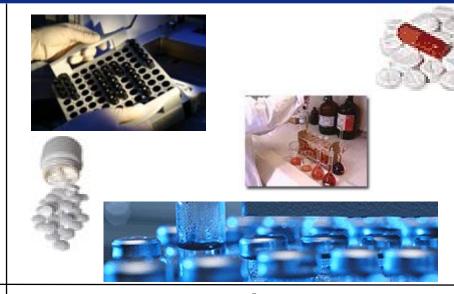
Pharmacy Support

Description

- Scalable package to prophylax/treat 300 CBRNE casualties
- 3 Increments
 - Clinic
 - Hospital
 - Counter radiological

Issues

- Suite of counter radiological drugs
- Mass prophylaxis plan



Update

None



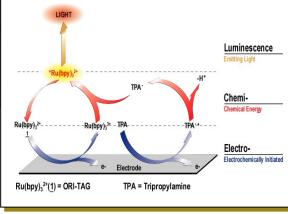
Clinical Laboratory

Description

- Disease surveillance, biological threat agent identification to support operational decisions
- Polymerase Chain Reaction 52 AFBs
 - 14 pathogen assays
- Electrochemiluminescence 24 AFBs
 - 3 TexHPassays
- Handling environmental samples in/out of medical facility
- Integration with Lab Response Network







<u>Update</u>

- Sep 04 fielding of M1M instruments
- Sample collection/handling study



Full Spectrum CBRNE Threat Agent Surveillance

Description

- Provide identification and quantification of hazards
- Rapid health risk assessment









<u>Issues</u>

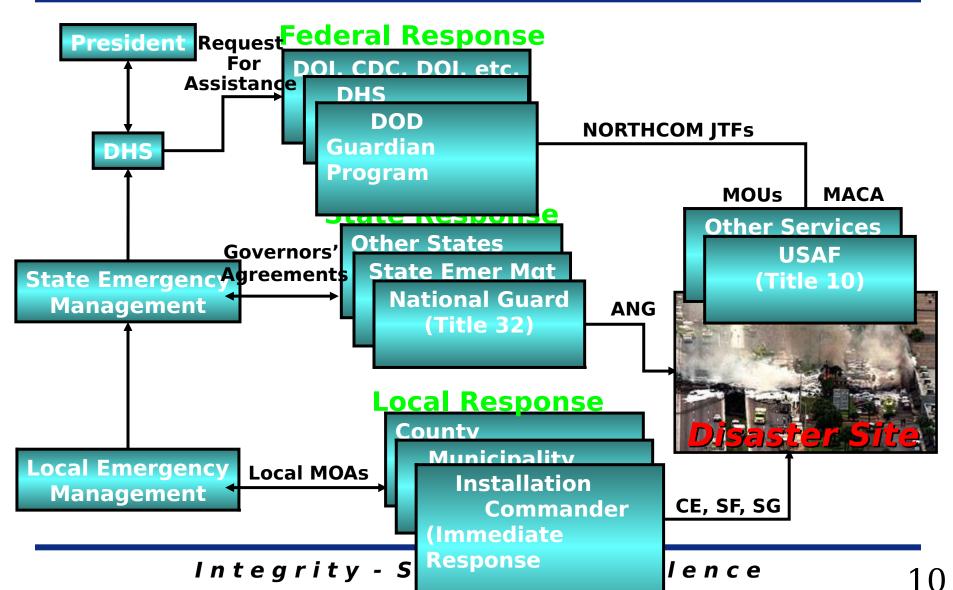
- Interface with clinical laboratory; sample collection procedures
- Limitations of equipment
- Training

<u>Update</u>

- New methods, libraries, and guidance
- Fielding upgrades for HAPSITE
- Implementing proficiency testing



Employment Options





HAPSITE GC/MS

- Capabilities
 - Identification of volatile (easily evaporated) organic vapors
 - Multi use, multi-media sampling

Quantification (when calibration curves generated)

Limit of Detection

■ GB: 0.0001 mg/m³

■ VX: 0.0003 mg/m³

- Limitations
 - Only for specific range of molecular weight
 - Advanced skills required for equipment operation





HAZMAT ID System

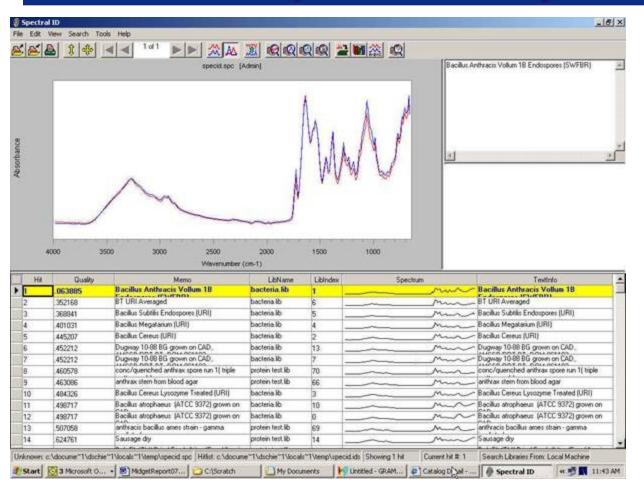
- Capabilities
 - Identification of solid or liquid chemical compounds
 - Uses Infra-red light to identify chemicals or mixtures
- Limitations
 - Chemical or mixture spectru must be in database
 - Can <u>identify presence</u> of biological material, but <u>not specific</u> pathogen However...





Bacillus Anthracis Vollum 1B Endospores ral Library Sparch Evaluation

IR Spectral Library Search Evaluation



First Derivative
Normalized Dot Product
Search

~30,000 spectra

23 samples

Scores = .89123 + .048

Nearest Neighbor Scores = .65765 + .049

> 3 STD discrimination



Equipment Optimization

- **HAPSITE® Testing Product enhancements:**
 - WMD-CST

·ΔF

- HAPSITE® Optimization Calibration curves: Navy
 - **Marine Corps**
 - **Navy Environmental Health Center**
- AF HazMatID® Optimization - Toxins/Anthrax:
 - Air Force

Navy

HAPSITE®/HazMatID® **Course Curriculum Development** • AF Navv

- **Proficiency in Testing Quality Assurance Program** (Proficiency Analytical Test (PAT) Rounds):
- **USUHS Student Projects:**
 - Hapsite/SPME
 - **Hapsite Transportability of Cal Curves Project**
 - **HazMatID Pesticide Library Development**
 - Hach DR 4000 Project





- AF
- CBIRF
- Navv
- NGB (CSTs)
- USAF
- USN
- USA



THE JOINT PREVENTIVE MEDICINE EQUIPMENT SUB-GROUP (JPMESG)

- Executive Members (Policy)
 - Voting Members:
 - USACHPPM
 - NEHC
 - HQ ACC/SGPB
- Extended Members (Technical)
 - Voting Members:
 - MARCORSYSCOM
 - PM WMD-CSS
 - NGB
 - AFIOH
 - NEPMU (2 & 5)
 - CBIRF
 - United States Army Medical Material Development Agency (USAMMDA)
 - US Army Forces Command
 - U.S. Army AMEDD C&S, Directorate of Combat and Doctrine Development
 - Joint Staff J-4, Medical Readiness Division

- Partners
 - Non-Voting Members:
 - USA Chem School
 - Brooks Schoolhouse
 - USCG National Strike Force
 - NNMC
 - USUHS
- Others
 - Non-Voting Members:
 - Porton Down
 - Canadian Forces
 - By special invitation (i.e. manufacturers, contractors)



Partnership Opportunities

U.S. AIR FORCE

- Joint Preventive Medicine Equipment Sub-Group
 - Coordinates mutually beneficial equipment optimization
 - DoD services, other federal agencies, vendors, military allies
- Participation in Exercises
 - Guardian program training, tabletop/field exercises
 - Code Silver tabletop exercises focused on consequence mgt
- Analytical Method and Library Development
 - EPA Pesticide Library
 - HAPSITE/HAZMATID methods and calibration curves
- Training
 - Brownfields
 - Courses and curricula
- Other Ideas MOU, proficiency testing, in-line water monitoring



Questions?

"The Homeland Security CONOPS recognizes that if someone attacks our homeland again, Air Force medical personnel will be an invaluable asset bringing a wealth of manpower and expertise to the crisis. In such a contingency, our base clinics and hospitals become part of the local health care disaster network. They offer their ability to help local authorities detect and identify chemical, biological, and nuclear weapons, and we aid in the treatment of those exposed to them."

-- Lt Gen George Peach Taylor, Air Force Surgeon General

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https://www.sg.langley.af.mil/pls/SG/SG.wwv_main.main? p_language=us&p_cornerid=11418&p_currcornerid=1424&p_full=1



Backup Slides



Employment Options

- **Prepare with community for integrated response**
 - Not always an "incident scene"
 - On/Off installation MOU/MOA with community responders
- Immediate Response On Base
 - Response will be Bigger than on base resources
 - Need to look outside the gate vs. within service
- **Immediate Response Off Base**
 - When requested...unique assets...community partner
 - **Example: Peterson AFB has MOU with Springs and** Colorado





Doctrine

- AFTTP 3-42.32: Home Station Medical Response to Chemical, Biological, Radiological, Nuclear, or High-Yield Explosives (CBRNE) Events -Capabilities-based Response -- https://www.afms.mil/sg/index.htm
 - Conduct Disease Surveillance
 - Vulnerability Assessments/ Intelligence
 - Capability Assessment
 - Maintain Response Equipment and Supplies
 - Recognize, Detect, and Identify CBRNE Agents
 - Secure/protect MTF and Personnel
 - Perform Health Risk Assessment and Communication
 - Triage CBRNE Casualties
 - Decontaminate Casualties at the MTF
 - Diagnose and Treat CBRNE Casualties

Integrate Response Effort with Follow-on Teams

Casualty Prevention

Casualty

Management



Lab Response Team

- Ruggedized Advanced Pathogen Identification Device (RAPID)
 - Polymerase Chain Reaction Technology
 - Identifies 14 Pathogens (Several Probes Each)

Several More Under Development

Part of Lab Response Netwo

52 AFBs

BW Probes Clinical Agents of

Anthrax Significance
Yersinia pestis Salmonella (2)
Franicella tularensiStreptococcus
Brucelosis pneumoniae

Brucelosis pneumoniae Variola E. coli (2)

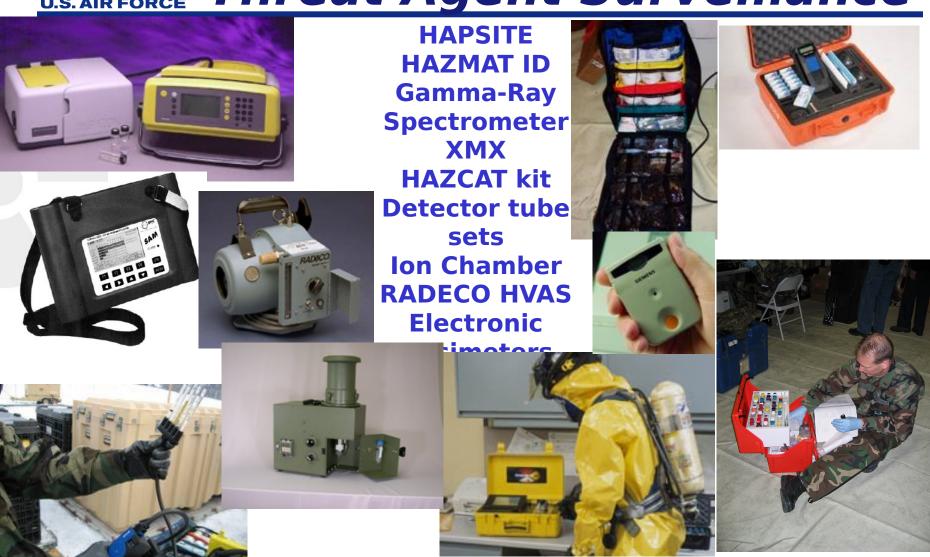
Glanders (B. mallei)/ibrio cholera

Alpha viruses Campylobacter species Dengi, West Nile Virus





Full Spectrum CBRNE Threat Agent Surveillance





Exercises

- Decontamination Training TTX
- Immediate Medical Response Training TTX
- Texas A&M Engineering Extension (training, TTX, FLDX)
- Code Silver
 - Team building exercise





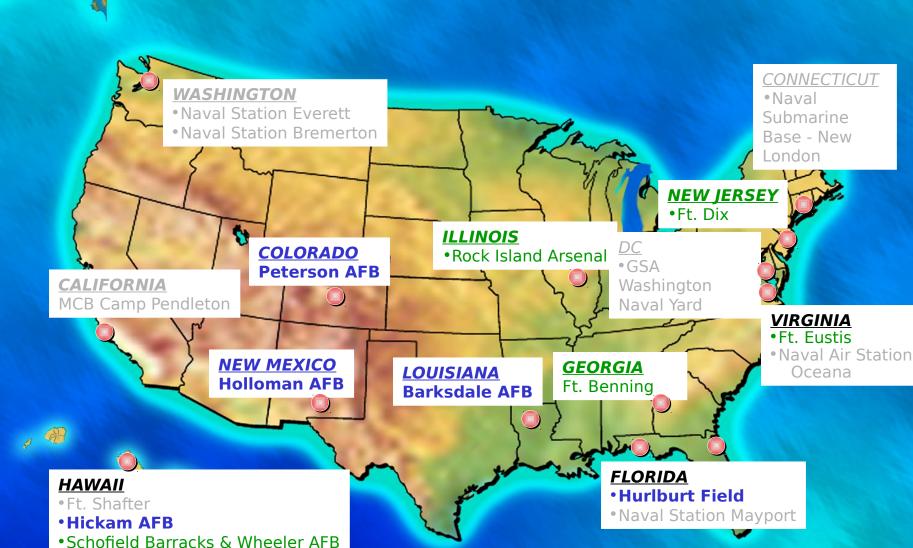


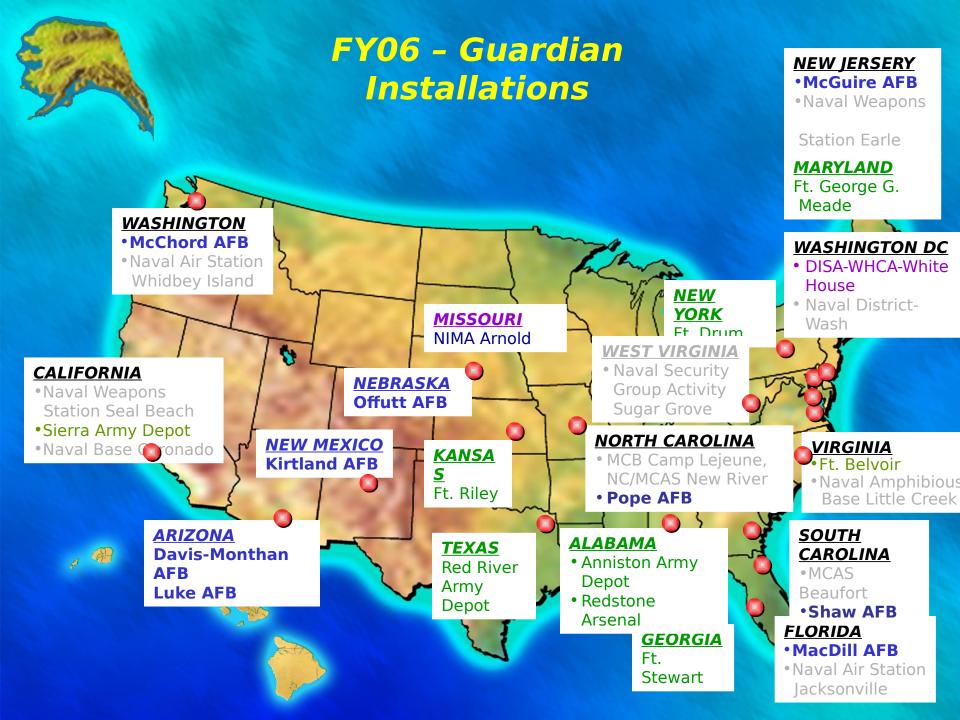




Naval Station Pearl Harbor

FY05 - Guardian Installations







CODE SILVER Objectives/Participants

- Participants
 - Medical Disaster Team Chiefs Medically centric
 - Installation IRE/DCG Representatives
 - Community Representatives
- Objectives stress you without white flag!
 - Identify Plan Shortfalls/LIMFAC
 - Base records action points
 - Base prioritizes and works
 - Cultivate/Mature Relationships
 - Sustainment training tool left
 - Focus on consequence mgt
- Not focused specifically on exercising command and control



No-Fault exercise, general issues compiled/forwarded



Defense Support to Civil Authorities

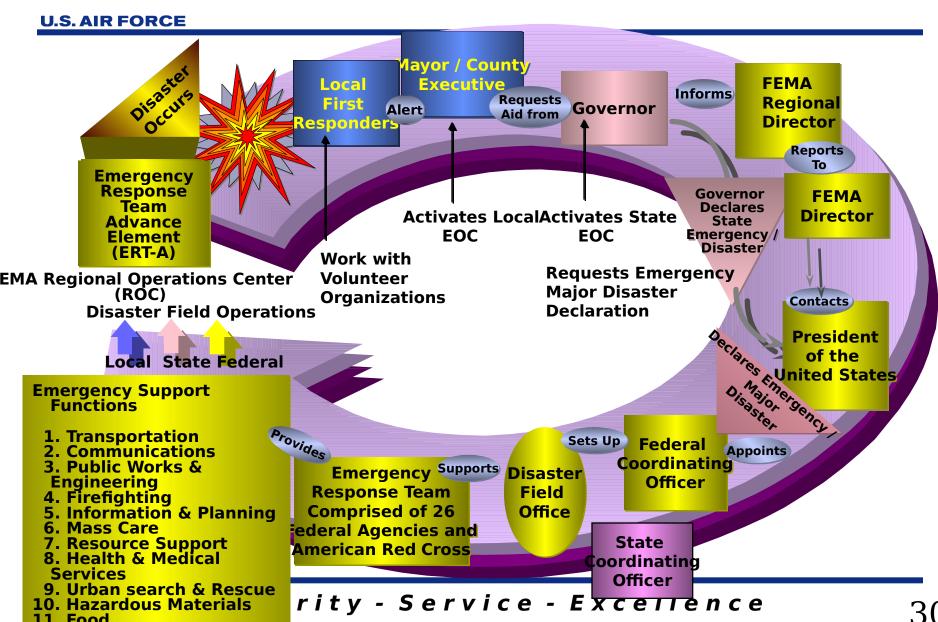
- Presidential authority under the Robert T. Stafford Disaster Assistance and Emergency Relief Act.
- Secretarial Authority under DODD 3025.1, MSCA.
- Local Military Commander's Immediate Response Authority under DODD 3025.1, MSCA.
- MOUs and MOAs with Civilian Organizations (local, state)

"The Homeland Security CONOPS recognizes that if someone attacks our homeland again, Air Force medical personal will be an invaluable asset bringing a wealth of manpower and expertise to the crisis. In such a contingency, our base clinics and hospitals become part of the local health care disaster network. They offer their ability to help local authorities detect and identify chemical, biological, and nuclear weapons, and we aid in the treatment of those exposed to them."

-- Lt Gen George Peach Taylor, Air Force Surgeon General



The Federal Response Plan





U.S. AIR FORCE

Request for Assistance (RFA)

(Military Is Not Lead)

- Lead Federal Agency (LFA) initiates RFA
- RFA sent to DoD

 ExecSec

DoD ExecSec

- assesses/ processes
- RFA sent to ASD-HD
- JDOMS processes
- order
 SecDef w/ASD-HD
 approves order

Times Unité onter Release: < 12

hours

